



Research Highlights

From the Survey and Evaluation Research Laboratory
at Virginia Commonwealth University's Center for Public Policy

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Research conducted for the Virginia HIV Community Planning Committee

Men Who Have Sex with Men Who Differ on Risk for HIV also Differ on a Variety of Other Factors

In a recent study in Virginia of a large sample of HIV-negative or untested men who have sex with men, about 11 percent said they engage in sexual behaviors that carry the highest risk of transmission of HIV.

These results come from an analysis of 546 Virginia men who said they were HIV negative or had not been tested for HIV. These 546 men represent 77 percent of a sample of 711 responding to a survey of men who have sex with men. The survey was conducted between January and June 1997 by the Survey and Evaluation Research Laboratory at Virginia Commonwealth University for the Virginia HIV Community Planning Committee.

In this analysis, the 546 respondents were divided into high, intermediate, and low risk groups, based on responses to questions about their sexual behavior in the three months prior to completing the survey. The high risk group was made up of the 58 men, or 11 percent, who said they had been the receiving partner in both oral and anal intercourse without consistent condom use.

Fifty percent reported that they had neither anal nor oral sex during the previous three months or had been in a monogamous relationship with another HIV-negative man during that time. The men in this category were considered to be at low risk for HIV.

Thirty-nine percent said they had had anal and/or oral sex with the consistent use of condoms, or had engaged in only one of the two behaviors without consistent use of condoms. They were considered to be at intermediate risk.

Methodology

The data were gathered through a complex non-probability sampling process, which included group, in-person, mail and telephone survey administration.

Regional data collection managers were responsible for meeting sampling targets derived from estimates of the number of MSM in the various regions of the state, given their urban, rural and suburban components.¹

Data were gathered in bars, dance clubs, bookstores and restaurants, through organized social, religious, athletic and political groups, and at public gatherings. Posters, advertisements and information cards were placed where appropriate with a toll-free telephone number for call-in completion. Information was also placed on the Internet.

In most cases, snowball techniques were used in which respondents were asked to pass the questionnaires or information along to others in their social networks.

About 27 percent of the resulting sample of 711 men were African-American, 61 percent White, seven percent Hispanic and five percent from other racial/ethnic groups; 13 percent came from non-urban areas of the state. The age of respondents ranged from 15 to 77 years.

Four percent reported that they had not completed high school; 24 percent had pursued graduate study. Thirty-eight percent reported incomes under \$20,000 per year while 14 percent reported incomes of more than \$50,000 per year.²

High-risk group compared to others

Responses of the 58 high-risk individuals were compared to those of the low and intermediate risk

¹ These estimates were taken from E.O. Laumann, et.al, *The Social Organization of Sexuality*, Chicago: University of Chicago Press, 1994.

² Further details about the overall results are available from the Survey and Evaluation Research Laboratory.

groups, to assess whether these groups differ on characteristics other than sexual behavior.³

Personal responses to HIV -- The men in the high-risk category worry more about HIV but also more often think safer sex cannot be maintained over the long run.

Thirty-nine percent of this group agreed that they worry that every bruise, blemish or illness might be a symptom of HIV, compared to 25 percent and 15 percent of the intermediate and low risk groups. Thirty-three percent of the high-risk group agreed that safer sex is too hard to maintain over the long run, compared to 14 percent and 17 percent of the intermediate and low risk groups.

While about three-quarters of the low and intermediate risk groups (78 percent and 74 percent respectively) said they have a personal plan for reducing their chance of contracting HIV, only 57 percent of the high-risk group gave this response.

A large majority of all respondents said they are now more careful about their sexual behavior because of the AIDS epidemic, but this response was given by 78 percent of the high-risk group, compared to 96 percent and 89 percent of the intermediate and low risk groups, respectively.

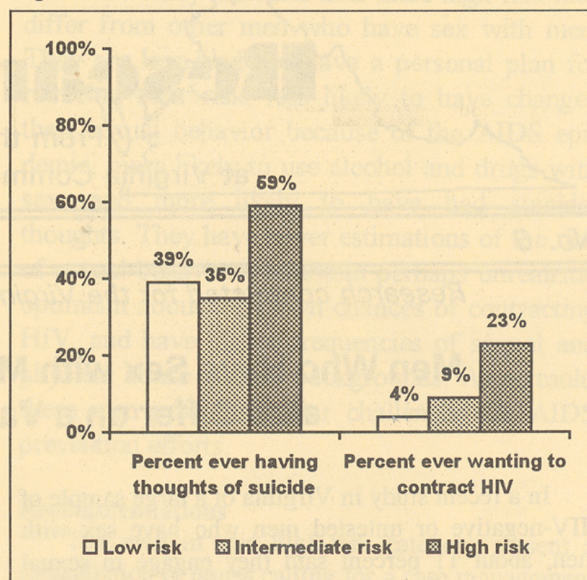
Mental health -- The highest risk group is much more likely to report having thoughts about suicide than the other two groups. Figure 1 shows these results. Fifty-nine percent responded they "often," "sometimes," or "rarely" thought about suicide, compared to 35 percent of the intermediate group and 39 percent of the lowest risk group.

Respondents were also asked how often they felt they *wanted* to become infected with HIV. Of the highest risk group, 23 percent gave a response other than "never," compared to nine percent of the intermediate and four percent of the low risk group.

Beliefs about sexual behaviors -- The high-risk group tended to rate sexual behaviors, particularly oral sex, as less risky for the transmission of HIV than did the other groups. Whereas 71 percent of the low-risk group said swallowing semen during oral sex has a high likelihood of transmitting HIV, this response was given by 53 percent of the high-risk group.

³ Since this is a non-probability sample, reporting statistical significance is inappropriate. Such tests are used here as a guide for reporting results. All relationships reported here would be significant at $p = .05$ or less, if this were a probability sample.

Figure 1. Mental health



For oral sex without ingestion of semen, 50 percent of the lowest risk group saw this as carrying a high likelihood for transmitting HIV, compared to 31 percent of the highest risk group. The same relationships are found for anal sex with and without condoms, although the differences among the groups are smaller.

Attitudes toward high-risk sex -- Men at highest risk expressed attitudes toward high-risk sexual behaviors that differed from attitudes of the others. These comparisons are shown in Figure 2.

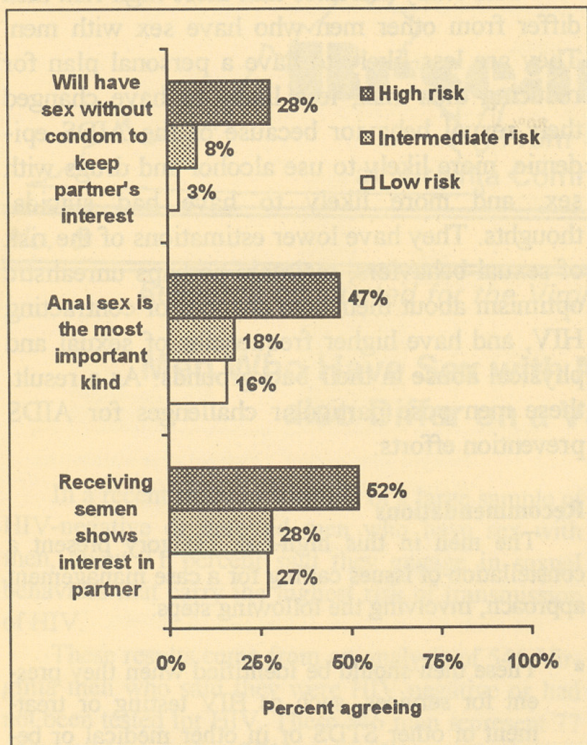
For example, 28 percent of the high-risk group, compared to just eight percent of the intermediate group and three percent of the low-risk group,

The SERL and the HIV Community Planning Committee
The Virginia Commonwealth University Survey and Evaluation Research Laboratory, founded in 1982, and incorporated in the university's Center for Public Policy in 1994, serves the university, the community, and local and state government through some 100 projects annually. The SERL also manages a number of large data sets available through the Inter-university Consortium for Political and Social Research.

The SERL conducted the survey discussed in this report for the Virginia HIV Community Planning Committee (HCPC), an advisory committee to the Virginia Department of Health. The HCPC includes representatives from communities across Virginia most affected by the epidemic and is responsible for developing an annual HIV prevention plan for Virginia for submission to the Centers for Disease Control and Prevention.

For more information about this survey, the SERL, or the HCPC, contact: VCU Survey and Evaluation Research Laboratory, PO Box 3016, Richmond, VA 23284-3016. Our telephone is (804) 828-8813, and fax (804) 828-6133. Or visit the SERL on the World Wide Web at <http://www.vcu.edu/srl>.

Figure 2. Attitudes toward high-risk sex



agreed with the statement, "If someone who is really hot wants to have sex with me without a condom, I'll go along to keep him interested in me." As Figure 2 shows, high-risk men were also much more likely to agree that anal sex is the most important kind of sex and that receiving a man's semen is a way of showing interest in him.

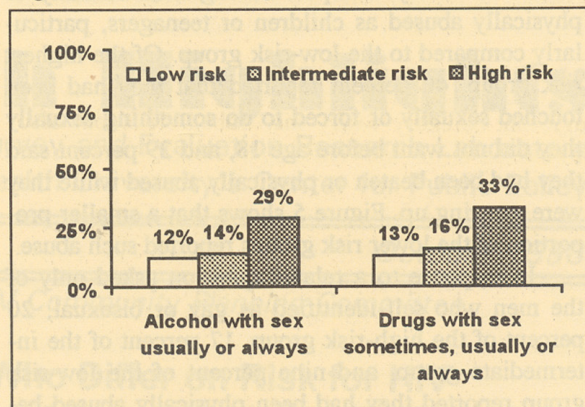
Perceptions of own risk -- While the high-risk men perceive their sexual behavior as riskier and see their chance of contracting HIV as higher than men in the other groups, these men still do not perceive themselves to be at particularly great risk.

Forty-four percent of the high-risk men characterized their chance of contracting HIV as low. The remaining 56 percent said this chance is moderate, high or certain, compared to 33 percent and 17 percent of the intermediate and low-risk groups.

Fifty-four percent of the high-risk men perceived their sexual behavior to carry low or no risk (1-4 on a scale of 1-10). This compares to 76 percent and 88 percent of the intermediate- and low-risk groups.

Alcohol and drug use -- The high-risk men more often precede or accompany sex with alcohol and drug use. As Figure 3 shows, 29 percent of the high-risk men said they always or usually drink al-

Figure 3. Alcohol, drugs and sex

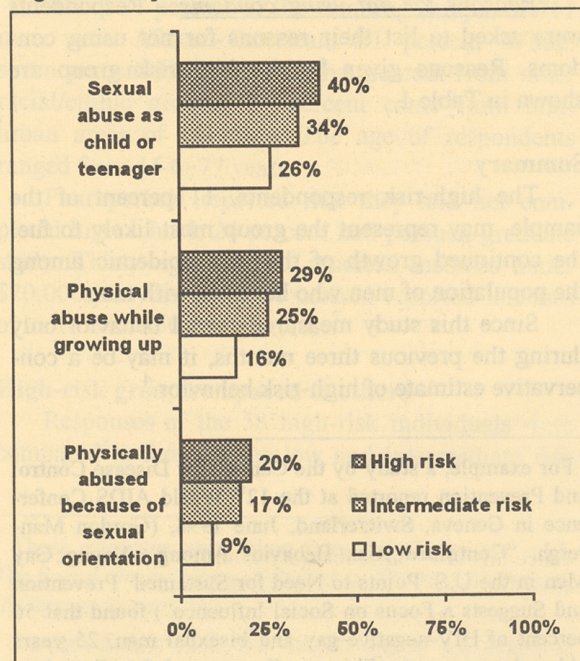


cohol before or during sex, compared to fewer than half that percent of the intermediate- and low-risk men. In addition, 53 percent of the high risk men said that alcohol had caused them to do something sexually that they later regretted, compared to 40 percent and 34 percent of the intermediate- and low-risk groups.

The high-risk men also were more likely to say they use drugs other than alcohol to get high or intoxicated just before or during sex, as shown in Figure 3. The high-risk men also more frequently said these drugs caused them to do something sexually they later regretted, although this difference was not as great as in the alcohol analysis.

Physical and sexual abuse -- The high-risk men

Figure 4. Physical and sexual abuse



were most likely to report having been sexually or physically abused as children or teenagers, particularly compared to the low-risk group. Of the highest risk group, 40 percent reported that they had been touched sexually or forced to do something sexually they did not want before age 18, and 29 percent said they had been beaten or physically abused while they were growing up. Figure 5 shows that a smaller proportion of the lower risk groups reported such abuse.

In response to a related question asked only of the men who self-identified as gay or bisexual, 20 percent of the high-risk group, 17 percent of the intermediate group, and nine percent of the low-risk group reported they had been physically abused because others thought they were gay or bisexual.

Table 1. Reasons given by high-risk men for not using condoms

Not used during oral sex	65%
Does not swallow during oral sex	39%
Does not use with long-term partner	39%
Sex partner has same HIV status	39%
Reduces pleasure of sex	39%
Pulls out before ejaculation	25%
Interrupts "heat of the moment"	25%
Not always available	16%
It's too much trouble	12%

Reasons for not using condoms – Respondents were asked to list their reasons for not using condoms. Reasons given by the high-risk group are shown in Table 1.

Summary

The high-risk respondents, 11 percent of the sample, may represent the group most likely to fuel the continued growth of the HIV epidemic among the population of men who have sex with men.

Since this study measured sexual behavior only during the previous three months, it may be a conservative estimate of high-risk behavior.⁴

⁴ For example, a study by the Centers for Disease Control and Prevention reported at the 12th World AIDS Conference in Geneva, Switzerland, June 1998, (Gordon Mansergh, "Continued Risk Behavior Among Young Gay Men in the U.S. Points to Need for Sustained Prevention and Suggests a Focus on Social Influence") found that 56 percent of HIV-negative gay and bisexual men, 25 years old and younger, in Chicago, Denver and San Francisco

This study indicates that these high-risk men differ from other men who have sex with men. They are less likely to have a personal plan for reducing their risk, less likely to have changed their sexual behavior because of the AIDS epidemic, more likely to use alcohol and drugs with sex, and more likely to have had suicidal thoughts. They have lower estimations of the risk of sexual behaviors, maintain perhaps unrealistic optimism about their own chances of contracting HIV, and have higher frequencies of sexual and physical abuse in their backgrounds. As a result, these men pose particular challenges for AIDS prevention efforts.

Recommendations

The men in this high-risk category present a constellation of issues calling for a case management approach, involving the following steps:

- These men should be identified when they present for services, such as HIV testing or treatment of other STDs or in other medical or behavioral health settings, as well as during other HIV/AIDS outreach activities.
- Mechanisms should be developed to refer them to a range of other medical and behavioral health services to address their issues in a holistic way.
- AIDS education staff may need additional training in counseling, referral and communication to recognize these men and work with them effectively.
- Training in nonjudgmental communication may be particularly necessary to get past defenses and avoid alienating them.
- For these men, sexual behavior may be a way of acting out emotional and psychological stress. Treatment of sex as simply a biological function that ignores its emotional and psychological components may in particular undermine prevention efforts with this group.⁵

reported unprotected anal sex at least once during the previous 18 months; the figure was 46 percent for older men.

⁵ See, for example, Johnston, W.J. *HIV-Negative: How the Uninfected Are Affected by AIDS*. New York: Plenum, 1995; and Odets, Walt. "AIDS Education and Harm Reduction for Gay Men: Psychological Approaches for the 21st Century," *AIDS and Public Policy Journal*, Spring 1994, 3-15.